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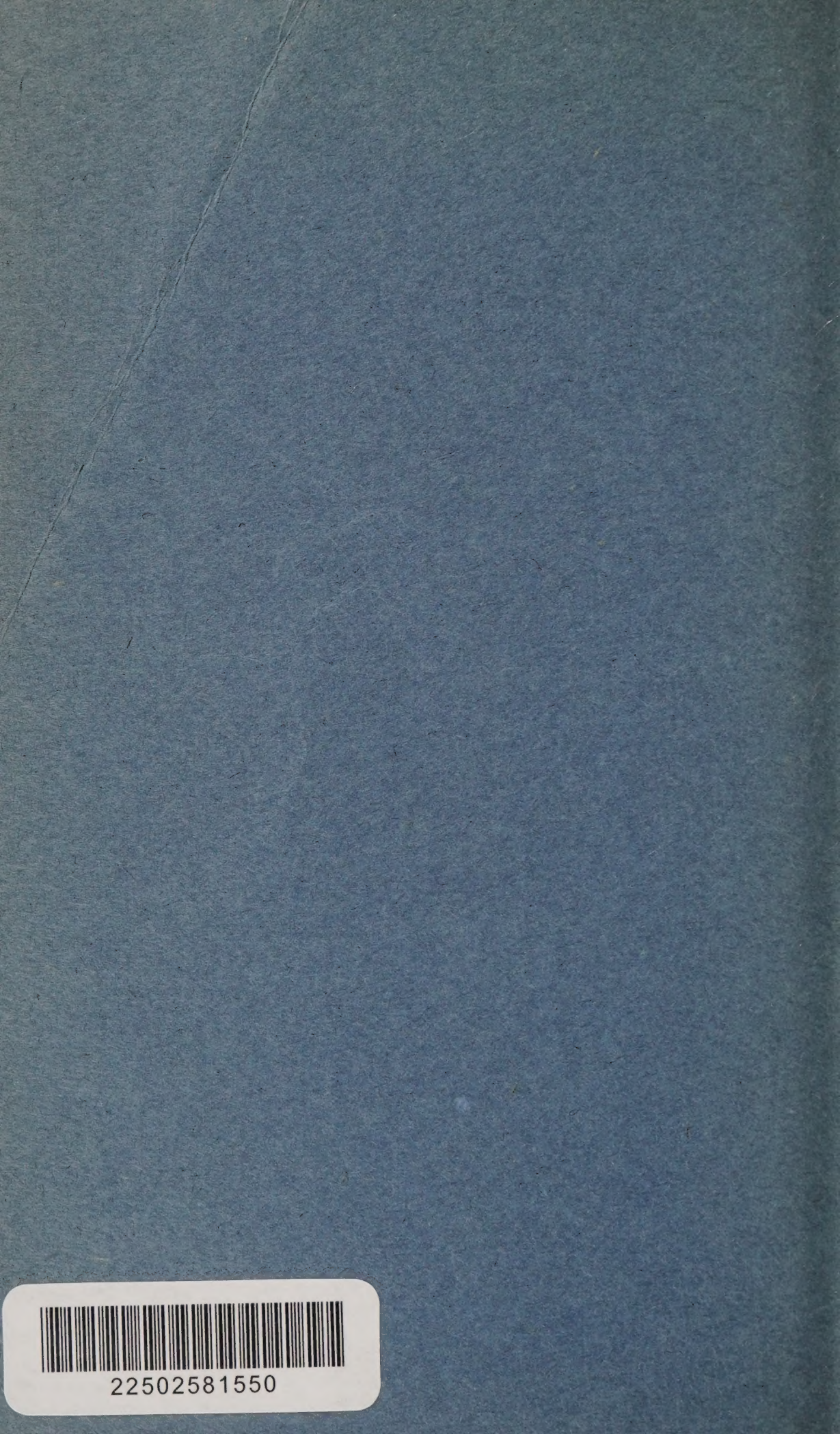
CANADA

MOTHER

A LITTLE BOOK FOR WOMEN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DOMINION OF CANADA
DEPARTMENT OF HEALTH

MOTHER

BY
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Chief of the Division of Child Welfare.

THE LITTLE BLUE BOOKS
NATIONAL SERIES
No. 2.

OTTAWA
F. A. ACLAND
PRINTER TO THE KING'S MOST EXCELLENT MAJESTY
1928

(61.520)

MATERNAL MORTALITY JULY 1, 1925—JULY 1, 1926

Province	Total Births[1]	Maternal Deaths	Rate per 1,000 living births
Nova Scotia	11,157	67	6·0
New Brunswick	10,361	74	7·0
Prince Edward Island	1,691	8	4·7
Quebec	84,846[2]	479	5·7
Ontario	68,844	498	7·2
Manitoba	14,695	113	7·7
Saskatchewan	20,506	126	6·1
Alberta	14,654	91	6·2
British Columbia	10,175	76	7·5
Total	237,199	1,532	6·4

[1] July to December, 1925, Final Figures; January to June, 1926, Preliminary Figures.

[2] Not available by months; an estimate based on calendar years has been used.

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MOTHER

YOU ARE A CANADIAN WOMAN.

WHAT DO YOU THINK OF THE CANADIAN MOTHER?

Since 1919 when the Department of Health of Canada was established at Ottawa we have thought about the Canadian Mother with some anxiety because there was reason to believe that she died too often in Child-birth. The Mother should not die in Child-birth. There are few exceptions to this rule. There are such things as accidents and there are unforeseen deaths which cannot be prevented but apart from these women should not die in Child-birth.

In December 1924 the Medical Profession through their official representatives asked the Department to make an Enquiry and find out about the deaths of Mothers. This Enquiry was called the "Maternal Mortality Enquiry".

It took six months to consult and advise how to do it, then one year to gather the exact figures for the year of the Enquiry, which was the 59th year of Confederation, from July 1, 1925 to July 1, 1926. Then it took four months more to complete the returns, then another four months to count up all the figures and arrange

the facts and then seven months more to write the Report. It took about three years altogether for it was a big job and it had to be done in snatches of time, often only five or ten minutes in a day because the regular Departmental work can never stop and must go right on every day.

The Report of " The Maternal Mortality Enquiry " is ready and there is a copy for you. You will find a request post-card for it in this book. Write your name and address on the post-card, drop it in the mail-box and we will do the rest.

No, it is not very long. You could read it of an evening or of a Sunday afternoon.

Yes, it has a lot of figures in it, but you can skip them all, if you do not like figures. All the figures you need are here in "Mother" and the Report has a Contents, so that you need only read the parts you want to read.

Yes, it is a scientific Medical Report and there are a few long words in it, but there is a page at the end of the Report, giving the plain English meaning of every medical word.

No, the Doctors are not trying to keep anything from you. We have nothing to fear and nothing to hide. We have always tried to do

our best for you and we want to go right on doing our best. And every year our best is better than it was last year, because we try to keep on learning and because the results of research and study by other doctors all over the world are given to us as soon as any one of them finds out anything new.

Yes, there are black sheep in almost every flock, but there are not many black sheep in the Medical flock. We don't keep them in the flock if we know it.

What is the good of the Enquiry?

We were blind before—blind to a big National loss. Now we see it.

WHAT DO WE SEE?

That in one year—the 59th year of Confederation—from Dominion Day 1925 to Dominion Day 1926,—we lost 1,532 Canadian Mothers in Child-birth or from causes connected with Child-birth. More than four Canadian Mothers died so, every day in that year. And there is no reason to think it will be less in 1928, unless we bestir ourselves. More than one thousand of these lives could be saved. Read the Report of the Maternal Mortality Enquiry and you will understand.

We see something more.

50475—2½

Behind that long procession of 1,532 Canadian Mothers going to the grave we see the motherless children they left behind them. You know what that means. How many were there? There were 5,073. And 768 of them were babies, most of them new-born.

There are three chief ways to stop this long march to the grave, and these are the three central points of the present Enquiry.

1st. Change in the thoughts of the Medical profession and the people of Canada. Think more of the Mothers.

As for the profession—

Nine times, in the Maternal Mortality Enquiry, these words were written by Doctors—"Doctors do not take these cases seriously enough".

As for the people, two Doctors wrote—

" The people in this district do not give much attention to pregnant women".

" In short, maternal life is held in too light esteem. This I believe to be a very common cause of Maternal Death".

2nd. Make the facts known to the Medical profession and the people. How many Canadians know that we lose more than four Mothers in or because of child-birth every day and 1,532 every year?

Tell them.

3rd. Take better care of our Mothers.

"The subject is obviously one that must be tackled by the profession or the state, or by whatever authority can best deal with it. Certainly we cannot afford to have mortality statistics in this class of cases greater in this country than they are elsewhere. It does seem to me that the subject, which is of such great importance, is one that should be grappled with". —*Dr. A. Primrose, Dean of the Faculty of Medicine in the University of Toronto.*

WHY WERE THESE LIVES LOST? HOW CAN THEY BE SAVED?

A. BEFORE THE BABY WAS BORN

LIVES LOST BECAUSE OF:—

Previous Health Conditions.

General Health poor or bad	153
Heart Disease	226
Influenza and Pneumonia	132
Tuberculosis	96
Exhausted with care of Children and Home	67
Exhausted for want of Sleep and Rest	27
Exhausted from too frequent pregnancies	26
Poor	68
Total	795

THESE LIVES COULD HAVE BEEN SAVED BY:—

Better Home Conditions.

Help in the House.

Pre-Natal Care.

More Encouragement.

More than half of these 1,532 Mothers were in poor health long before the baby was born.

This is plain enough, isn't it?

Birth is a battle. The Mother is the Soldier. The baby is brought forth by the Mother. Her heart, her lungs, her muscles all help. On her health and strength depends the birth of the baby and her own recovery. The Angel of Life and the Angel of Death may meet at the threshold of the Home on the day of birth. Mother needs her health and strength that day. These 795 dead Mothers did not have it to give. Not for years.

Pale, a bad heart, poor lungs, weak, worn-out, miserably poor, the Mothers had to give up the battle and Death conquered.

B. AT THE TIME OF THE BIRTH

LIVES LOST BECAUSE—

Doctor was not called till labour had begun	128
Doctor not called till patient was dying	27
Doctor was not called till some days after birth	91
No Doctor present at birth or afterwards	101
Total	347

These Lives Could Have Been Saved By:—

Pre-Natal Care.

Calling the Doctor soon enough.

C. AT THE TIME OF THE BIRTH

Lives Lost Because of—

Sepsis	418
Toxæmia	344
Hæmorrhage	357
Dystocia	87
Shock	63
Total	1,269

These Lives Could Have Been Saved By:—

Pre-Natal Care.

Calling the Doctor in time.

More care and skill during and after labour by Doctors and Nurses.

Help Needed

You need a nurse—a trained nurse if possible—at the time of the birth and don't forget that

sometimes it is better for you and the baby if the Doctor has another Doctor to help him at that time.

The good Doctor and the good Nurse know how to carry the Mother right through with courage, cheer and safety and how to save her a lot of suffering. Give them the chance to do it. You can trust them.

Sepsis means dirt. Dirt sometimes means death. The work of a Doctor in Obstetrics is very much like Surgery. You know what dirt and germs generally mean in Surgery? They mean blood-poisoning. Sepsis means blood-poisoning.

Prevention is simple. Perfect cleanliness. Read "The Canadian Mother's Book" to see how clean we keep everything. There is a request post-card for it at the back of this book. You could have two copies, one for yourself and one for your neighbour.

Don't forget that sometimes the germs come not from anyone else, not from anything that is not clean but from the Mother's own infected teeth or bad sore throat or some other infection in some part of her body. That is Sepsis too.

50475—3

Toxæmia means poisoning. Yes, the Doctor knows how to prevent it. But you don't. So have the right Doctor and have the Doctor right at the beginning. You will find a good deal in "The Canadian Mother's Book" about how to prevent Toxæmia by right ways of living and eating, also the "Danger Signals" about Toxæmia which warn you to let the Doctor know.

Hæmorrhage means loss of blood. Where from? From the place where the Child is. Can the Doctor prevent it? Yes, nearly always, if you don't wait till Death gets the first chance. Give the Doctor the first chance.

Dystocia means long and hard labour, Why? Because the good Doctor, kind, skilful, modern, up-to-date, was not there soon enough to help the Mother at the right time. Because the Doctor never had a chance to take these measurements (page 14) and foresee the danger and prevent it.

No—You could not do it.

The Nurse could not do it.

But the Doctor could.

You know what shock means. Exhausted by long and hard labour or by hæmorrhage. Deathly pale. Sighed. Never spoke. Never even asked about the baby. Died.

D. BEFORE THE BABY IS BORN

LIVES LOST BECAUSE OF—

No Pre-Natal Care, 1,342.

THESE LIVES COULD MOSTLY HAVE BEEN SAVED BY—

Pre-Natal Care.

Lives Can Almost Always Be Saved By Pre-Natal Care.

Only 190 of the 1,532 dead Mothers had Pre-Natal Care.

The number who had No Pre-Natal Care was 1,342.

WHAT YOU SHOULD KNOW ABOUT PRE-NATAL CARE

I. That the Doctor should see the Mother regularly about once a month or oftener from the beginning right to the end and advise her.

II. That the Doctor should, about once a month or oftener, get a specimen of the urine which the Mother passes and examine it so as to give the Mother the advice she needs.

III. That the Doctor should take the Blood Pressure of the Mother from time to time just to make sure she is all right. No—it does not hurt. It is just like measuring the size of your arm about half-way between the shoulder and elbow.

50475—3½

IV. That the Doctor, about the 8th month, should estimate certain measurements to make sure that the birth will likely be safe and normal. These measurements guide the Doctor about what to do to make the birth safe.

V. That a Doctor who will not take the time and trouble to do this is not the right Doctor for the Mother to have. Of course the Mother must do what the Doctor says. If she does not, then all the Doctor's care is no use. Of all these 1,532 dead Mothers, only 190 had Pre-Natal Care. 1,342 had no Pre-Natal Care.

VI. That Pre-Natal Care should begin as soon as possible and at least six months or more before the birth and should last right up to the birth, and that it is no use unless the Mother goes regularly. If she stays away because she thinks she does not need to go—She takes a great risk.

VII. That Doctors do not charge any extra fee for Pre-Natal Care. They are glad to do it. It helps the Mother and the Baby and the Doctor and the Nurse.

VIII. That Pre-Natal Care will keep everything right and save the Mother and the Baby. There are very few exceptions to this rule. Read the "Maternal Mortality Report" and see.

WHY NOT?

Why do not the Mothers have Pre-Natal Care?

Because they do not understand.

Now that you understand, won't you tell them?

They are not used to the idea of it. It is rather a new idea and some people don't like new ideas. Their Mothers did not tell them about Pre-Natal Care. They don't think it matters. They don't know how easy and safe and necessary and comfortable Pre-Natal Care is. They think it is going to cost too much. But if there had been somebody like you to explain to these 1,532 dead Mothers about Pre-Natal Care, a great many of them would have gone to the Doctor in time and would have been alive to-day. If you could by kindness and friendliness and wise counsel, help to save a Mother's life, how glad you would be.

You Can.

THE RIGHT MOMENT

It only needs a little time and thought and a good opportunity. You may have to wait a year for the right opportunity but it will come and it is worth waiting for. Just as soon as the Mother understands, she will take Pre-Natal

Care as a matter of course, and expect it and get it and feel quite contented and satisfied about it. It will save her from worry, discomfort and suffering and she will wonder why she did not have it sooner.

THE DANGER SIGNALS

" I am not criticizing at all but a case has just occurred near me that has stirred me deeply, where a prospective mother died after convulsions and coma. She had all the symptoms including dimness of vision, but no one knew anything about it until she took sick, then it was too late."

" I wish a book could be written warning prospective mothers of the great danger of neglecting the danger signals nature sends out in the form of swelled feet, hands and face, headaches, etc., and emphasizing the great importance of consulting a good doctor."

—*A New Brunswick Mother.*

Yes. The book is written. It was written in 1920. There is a free copy for you of the latest Edition—the Confederation Diamond Jubilee Edition of " The Canadian Mother's Book". There is a request post-card for it in the back of this book. There is a free copy for every Canadian home that wants it. About half a million homes have it.

There are about a million other homes in Canada that need "The Canadian Mother's Book" to help to save the lives of Mothers and Babies. Will you tell them about it? Will you take the request post-card for the Confederation Diamond Jubilee Edition of "The Canadian Mother's Book" and fill in the name and address of any Mother who would like to have it and mail the card to us? We will do the rest.

HOW CAN YOU HELP?

You are a Canadian Woman. How can you help to save the life of a Mother?

1. Her Book. Give her "The Canadian Mother's Book".

You can do a great deal to see that our Mothers do not lose life or health in motherhood. It is not hard. The way is simple.

It is all told plainly in "The Canadian Mother's Book".

A Pre-Natal Letter Service is given by the Canadian Council of Child Welfare, a Voluntary Association in Ottawa.

2. Your Hospital

Have you a Hospital within twenty miles of your home? No? Why not? Any community that really wants a Hospital can get one. You know the Saskatchewan Municipal Hospital

plan? If not, write to the Deputy Minister of Health for Saskatchewan, at the Parliament Buildings, Regina, and he will tell you.

You know the Red Cross Outpost Hospital plan? If not, write to Headquarters, Canadian Red Cross, Toronto, and they will tell you.

Rural Hospitals

Rural Hospitals are a great help. Farmers and their families appreciate Rural Hospitals. They save the difficulty and delay of transportation to the nearest town. They save expense. You feel more at home in your own Hospital. Hospitals lessen the labour and increase the efficiency of Country Doctors, who often go to towns and cities because there is no Rural Hospital for them and their patients. You get personal attention in your own Hospital. Your nurses are trained there. Your locality gains in health and happiness. Above all, lives are saved in Rural Hospitals and they send the baby and the Mother home alive and well.

3. Your Maternity Ward

Have you a Maternity Ward in your Hospital? You need it. No Hospital can do without a Maternity Ward if it is really to be most useful to the Community.

4. Your Pre-Natal Clinic

Have you a Maternity "Out Door" Clinic at your Hospital? Perhaps one day a week, at a certain hour, a Doctor and Nurse are there, in a comfortable room, to see any Mother who needs Pre-Natal Care and cannot pay a Doctor. Of course if the Mother has a family Doctor she will go to her Doctor's Office. Every Doctor's Office should be a Pre-Natal Clinic for the Mothers in his own practice.

5. Your Hospital Ambulance

Don't forget about a Motor Ambulance for your Hospital. In Queensland, the Presbyterian Church of Australia has organized " Bush Ambulances" which are subsidized by Federal and State Governments. They are now trying to establish Aerial Hospital Ambulances in Queensland. Airplanes have carried patients to Hospitals before now in Canada.

6. Encouragement

Encourage the Mother. Discouragement is a fatal thing. The Clinic, the Nurse, the Doctor and all the friends she meets at the Hospital will encourage her.

"Good-bye"—said the Doctor at the Pre-Natal Clinic to the Mother one day—"Good-bye. Go in that door. You'll find the Nurse has something for you".

The Nurse had. It was a cup of tea—A cup of tea and a tea-biscuit. There was a flower on the table. There was a picture on the wall, a coloured picture of a pretty place that reminded the Mother of her old home. Perhaps that home was in another part of Canada—or in England or Ireland or Scotland or Italy or Russia—but this picture reminded the Mother of it and it took her eye. There was a comfortable chair with a cushion on it. The Mother sat in that chair while she ate her biscuit and drank her tea and talked to the Nurse. How often that Mother told us afterwards about that chair and picture and cup of tea and biscuit!

They encouraged her.

Somebody Cared.

7. Home Helps

But every Mother cannot go to the Hospital and leave her little children with no one to take care of them. And if she stays at home, she must be about two weeks in bed and she must not do the family washing or other heavy work till the baby is about six weeks old. Haven't you

got a List of the names of all the women in your village or township who could go to the home even for an hour or two a day to help the Mother by taking care of the house and the children?

Well then, won't your Women's Institute or the Cercle des Fermières or the United Farm Women or the Homemakers' Club or the Hospital Ladies' Aid Society or some other Society, make the List and keep it up? You are just the one to get it started and the next time some Mother confides in you that she will have to go to the Hospital next month to have her baby and she cannot get anyone to come and take care of the home while she is at the Hospital, you can tell her about the List.

Yes, you could easily plan out who would pay the Home Help and how much, if you want to.

"The greatest need of the present day in the home is efficient and intelligent service to help the Mother. She finds it less trouble and expense to do everything herself than to have poor, useless help that 'drops the monkey-wrench into the machine'. She tries to do the impossible, that is, the whole work of the house without help.

The Maid must advance as well as the Mistress. Part time service would help and the

recognition of the proper social status of household workers, so that satisfactory domestic help would be available by the hour.

The disorganization of the home leads to household irritation and unhappiness. The man goes out in the morning unhappy and unfitted for his work and comes back at night to face the worst trouble of his day.

I know about two maternal deaths within the last three months where the mothers did not want to live. They were tired to death."

—*J.S.*

8. Home Nursing Classes

Don't forget about Home Nursing Classes. You can make them a great help if you put your heart into the work and plan and develop and organize it and keep it going. Put on the Home Helps List all the women and girls who took Home Nursing Classes.

Why not have special Home Nursing Classes for the instruction of Mothers and Little Mothers? That is a good place to explain about Pre-Natal Care.

Why not have " Refresher Courses " next year for all those who took Home Nursing Classes

this year. The Women's Institutes or Red Cross or other organization who gave the Home Nursing Classes this year would be glad to arrange for a "Refresher Course," next year. Why not ask the Organization to have a Practical Examination at the end of the Home Nursing Course and give a certificate to all who pass a satisfactory examination. The certificate could be "Renewed" at the end of the "Refresher Course". That will help your List of Home Helps.

9. The Layette

Have you a Layette Basket at your Hospital? The Women's Institute at Mt. Hamilton, Ont., tried this plan. In their Annual Report for 1926 they say "The work of our Layette Basket is the outstanding feature. This basket contains a full layette for a new baby, also nightgowns for the Mother, sheets, pillow-cases, blankets, spreads, bath towels, hand towels, draw sheets, sterile pads for patients, hot water bottle, douche, bed pans. Such articles as olive oil, vaseline, safety pins, powder, absorbent cotton, toilet soap are renewed for each case. The basket complete may be had by any needy family making application, for a period of three to six weeks. The only stipulation we make is

that the articles be returned clean. Also any family in very straitened circumstances may have a nurse to accompany the basket. We are most fortunate in having the co-operation of the hospital where the entire outfit is sterilized between each using."

Here is the List of the contents of the Layette kindly sent by Mrs. Peart:

"1 Bed Pan (Perfection).
1 Granite Enema Can.
3 ft. Rubber Tubing.
1 Clamp for Tubing.
1 Hard Rubber Enema Nozzle.
} These were donated.

$1.90—Rubber Sheet (1 yd. wide at least).
7.50—4 Sheets.
2.50—4 Draw Sheets 1½ yards long 2½ yds. wide.
1.50—4 Pillow Cases.
1.20—4 Towels.
2.00—4 Bath Towels.
2 Wash Cloths made of Cheese Cloth.
2.00—2 Quilted Pads, 24 ins. square.
4.25—4 Night dresses.
.60—Two cotton T. binders made like a sanitary belt and 1 doz. small diapers for pads for mother, put in package.

1.50—3 baby shirts.
2.76—4 baby dresses.
1.80—12 baby diapers.
.13—6 Baby Binders—Straight pieces of white flanelette, 4 ins. wide, 16 ins. long. Do not hem.
.15—1 doz. safety pins.
.15—Absorbent Cotton to cleanse eyes.
2 Baby Blankets. Make from old soft blanket or woollen shawls.
.15—1 Jar Sterile vaseline.
1 Bottle Sterile Olive Oil.

$30.09

NOTE.—The Articles in the above List are to be returned clean after use. These prices are for things all home-made.

To Sterilize Olive Oil and Vaseline—Remove cork and use absorbent cotton as a stopper; place jar and bottle in basin of water; let water boil until vaseline and oil boil; then cork tightly. Any remaining after being used can be re-sterilized. Boil cork before putting it in the bottle again.

To sterilize small diapers for pads for mother —Wash and boil; dry in sunshine if possible; iron and put in ordinary domestic steamer half an hour then dry slowly in oven.

Pads for Use at Confinement

BED-PADS

Materials.—(1) Old White Linen or Cotton Rags washed and boiled thoroughly and dried as above.

(2) Brown Paper—Large Sheets—about as wide as the bed. Iron the brown paper thoroughly with a hot iron.

To Make.—Place the rags between the sheets of paper so as to make a pad. Stitch all firmly together.

Note.—These pads are to be burned after use.

Mother's Pads.—Prepare rags as above, also prepare as above pieces of old linen or cotton cloth about 20 x 5 inches. Place the rags in the cloth folded to the right size. Steam in a steamer and dry as above.

Note.—These pads are to be burned after use.

The following articles are renewed each time at a cost of about ninety cents:—

Vaseline.
Lysol.
Absorbent Cotton.
Olive Oil.
Soap.
Powder.
Safety-Pins.

My greatest difficulty is getting the things returned and I have something to renew almost every time especially the baby clothes, but so far I have been able to replace them by donations, which are seldom new, but I see that they are clean and mended. Our basket up to date (in use 18 months) has cost us only about $33; $13 of which I collected at a small "At Home" here for that purpose. I feel there is so much need for cleaner and more sanitary articles for mothers and new babies.

We had eight babies last year who made use of our things, including two sets of twins (all boys) and I feel sure they were appreciated."

—Mrs. John Peart,
Convener, Maternity Basket Committee,
Mt. Hamilton Women's Institute.

The Loan Closet

You might have a Loan Closet or a Samaritan Shelf at your Hospital, containing an extra supply of all these things and a few others such as the following:—

Adhesive Tape.
Albolene.
Douche Can.
Dressing Sack.
Gown.
Hot Water Bottle with good warm cover.

Nail Brushes.
Nightingale.
Package of Narrow Tape.
Pitchers.
Scissors.
Soap-Dishes.
Stockings—White.

10. Help the Mother to Take Care of Herself

But all this is no use unless the Mother is sensible and takes care of herself.

The Nurses Help the Doctor and the Mother

Public Health Nurses and Victorian Order Nurses and Visiting Nurses are a great help to the Mother. They can advise her how to take care of herself and arrange for her to see her Doctor.

"I think the remedy for the farm Woman's burdens lies to a very great extent in her own hands. When she realizes what a very valuable asset she is to her husband, children, community and nation she will take care of herself accordingly and not kill herself to keep herself or let her husband and family do it for her."

—A Manitoba Mother.

"We frequently get reports, something like the one in front of me which says: 'Mrs S.—— was out helping her husband build a fence and her baby just two weeks old in bed all alone in the house.'

We have records of women who get out of bed 8 or 9 days after childbirth and immediately proceed to do the family washing, and there are others who go out directly from a sick bed into the barn to do milking or to hang clothes on the line on a frosty day and then are surprised to find that they have gathered breasts and all kinds of trouble."—*From Mrs. Jean Muldrew of the Land Settlement Branch, Department of Immigration & Colonization, August 30, 1927.*

MEDICAL AND NURSING CARE

At the birth the Mother needs medical and nursing care. After the birth she needs some care from the nurse and the Doctor. All this needs some thinking and planning.

Begin Now.

How are we going to get medical and nursing care for every Canadian Mother? What do you say? Read the Letters of Advice from the Doctors on page 50 of the Maternal Mortality Enquiry Report, and the Summary of their suggestions on pages 27-28, and make up your mind and then tell everybody what you think we should do to Save the Mother.

SAVE THE MOTHER

That is what the Maternal Mortality Enquiry Report is for and what "Mother" is for—to Save the Mother's Life. There is an edition of "Mother" for Canadian men. Take the other postcard out of the back of this book and give us the name and address of the best man you know. He will read "Mother" and he will show it to his wife and she will tell her friends.

This Maternal Mortality Enquiry Report is news. It is as interesting news as anything the man will read to-day in the newspapers. Don't you think he would like to have a copy?

The greatest mistake we can make in Maternal and Child Welfare Work is to forget the Father. Don't Forget the Father. We shall never succeed in taking care of the Mother and the Baby without the Father to help us. The Father is the only one who can really do it.

WHAT WE OWE

You know what you owe to Your own Mother. The only way you can ever repay Her is to be kind to all the other Mothers. If you care for Canada and for the Canadian Home, stand by the Canadian Mother and be kind to her.

A CANADIAN MOTHER IN THE PEACE RIVER COUNTRY

Mrs. Waagen of Calgary, in the report of her Red Cross journey to Pouce Coupé and the Peace River in 1925, speaks of re-visiting a home 135 miles beyond any hospital, medical or nursing service, where she stopped on her former visit, and where the kindness of the mother, a Scotchwoman, made up for every discomfort. Poor though she was, she would not take any money for the night's lodging.

Since the last visit the mother had died of eclampsia in the sixth month of pregnancy. The hen house was torn down to provide boards for

her coffin. The home was a home no more. Her children were growing up like wild creatures of the woods.

"The eldest boy must have been nearly thirteen, the second eleven, the youngest nine. The father, since the mother's death, had become an utter wastrel. The children were no better than wild animals. They could scarcely be persuaded to approach our motor; then the eldest lad, coming closer, and gazing at me intently, suddenly called out "It's the Red Cross Lady," whereupon we all became friends. None of them could read nor write, their clothes were in tatters, and their skins were coated with dirt. Only another example of what one mother's life may cost this country.

"We speak so often in terms of death, as if that were the whole tragedy, when it is too often only the beginning. This little story, after all, though perhaps exceptional in some of its incidents, is only one of many that might be told, and that are occurring every day amongst us and will occur until we learn to translate our beliefs and ideals in terms of the value of human life,—not in mere statistics of births, marriages and deaths, but in all the surroundings of life, the growth and development of the individual.

"It may be, however, that we are so dull of hearing and of seeing that it takes such tragedies to strike at the imagination to make us realize what we owe to those who are still with us, the obligations due to those whom we bring into this country, the great waste of the nation's greatest wealth."

A RADIO MESSAGE TO AKLAVIK

"Listeners-in on an Edmonton radio broadcasting station in the early months of the year might in fact have caught the name Aklavik announced in the middle of the evening programme as a special message for the North made its way through the clear air to be caught by a waiting husband in the little settlement. After the name came these simple words, announcing the news from an Edmonton Hospital. 'A Son has been born. We regret to say the Mother did not recover.'"

—Mail and Empire, Toronto,
October 25, 1926.

What is the good of the boundless resources of Canada if we do not take care of the Canadian Mother and her children.

What use is it to have the radio from Ottawa to the Arctic Circle unless we can send better news than this?

THE DEATH-BLOW TO HOME LIFE

In July 1927 at the opening of the National Conference on Maternity and Child Welfare in London, England, the Rt. Hon. Neville Chamberlain, Minister of Health, laid the chief stress in his Presidential Address on teaching everyone about the dire need to reduce Maternal Mortality and to " Save this too-frequent death-blow to home life."

A MATTER OF VITAL IMPORTANCE

His Majesty the King, in an address delivered when he opened the new house of the British Medical Association in London, in 1925, said "The welfare of my people at home and throughout the Empire largely depends upon an efficient and well organized health administration. The protection of Maternity, the care of the Child—are matters of vital importance."

A MIGHTY PROBLEM

"Maternal Mortality is a mighty problem".
—*Sir George Newman.*

It is.

By teaching ourselves and by teaching the people of Canada and co-operating with them, we can save the lives of more than one thousand Canadian Mothers every year.

Mother—Don't you know you are the one who can help to save these lives!

WILL YOU HELP?

"There are many thousands of housewives and mothers who are harassed almost beyond endurance because they cannot get domestic servants to help with the home and the children. A doctor of wide experience said the other day that half his women patients came into his hands because they were forced, by the lack of adequate help in the home, to be at one and the same time cook, housemaid, nursemaid, and lady of the house. The burden broke them. . . .

No doubt this will all right itself in time. Domestic Service is already being made more attractive—a better wage, more freedom and larger opportunities."

—*Willison's Monthly, December 1927.*